

INSTRUCTIONS FOR COMPLETION OF DD FORM 1172-2,
“APPLICATION FOR DEPARTMENT OF DEFENSE COMMON ACCESS CARD –
DEERS ENROLLMENT”, April 2001 Version

The DD Form 1172-2 shall be used to apply for issuance of United States DoD/Uniformed Services Geneva Conventions Identification Card for Civilians Accompanying the Armed Forces, the United States DoD/Uniformed Services Identification and Privilege Card, the United States DoD/Uniformed Services Identification Card and for enrollment or update of eligible individuals into the DEERS data base. This form is to be used primarily for initial DEERS enrollment of new civilian employees prior to their enrollment in DEERS, for DEERS enrollment and verification of continued association with the Department of Defense for contractor employees, and for individuals eligible for a CAC who are not enrolled in DEERS. Retention and disposition of the DD Form 1172-2 shall be in accordance with the Uniformed Services' regulatory instructions.

Members of the Uniformed Services, their family members and Retirees of the Uniformed Services shall continue to use DD Form 1172.

Mark here for civilian or contractor pre-eligibility: Mark with X, if purpose of the form is for DEERS enrollment, not for immediate issuance of CAC.

SECTION I – EMPLOYEE INFORMATION

Block 1. Name. Enter the employee's LAST name first, enter the FIRST name, and then enter the MIDDLE INITIAL or the full MIDDLE NAME. (Use no more than 51 characters.)

The name field can include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include that designation, enter the appropriate data after the middle initial. The name cannot contain any special characters nor is any punctuation permitted.

Block 2. Sex. Enter the sex of the employee from the valid abbreviations listed in the left column, below: (Use one character.)

M - Male
F - Female

Block 3. Social Security Number (SSN). Enter the employee's SSN. In cases where the employee does not have an SSN, a number will be generated by the system. A Foreign Identification Number (FIN) (assigned as 900-00-0000F and up) will be assigned and automatically generated for eligible foreign military, foreign nationals who do not have an SSN, and contractor employees who refuse to provide their SSN. (Use nine characters, 10 characters in the case of a FIN.)

If the SSN is already registered on the DEERS database for another individual, STOP processing and verify the number. If verification confirms duplication of the SSN by the Social

Security Administration, continue processing and the system shall automatically generate a duplicate control number for the additional employee.

Block 4. Status. Enter the correct abbreviation for the status of the employee from the valid abbreviations listed in the left column, below: (Use no more than six characters.)

CIV	Civilian employee
CONTR	Contractor employee
FN	Foreign national personnel
FP	Foreign military personnel
OTHER	Non DoD-eligible individuals

Block 5. Organization. Enter the correct organization with which the employee is affiliated from the valid abbreviations listed in the left column, below: (Use no more than five characters.)

USA	- the U.S. Army
USN	- the U.S. Navy
USAF	- the U.S. Air Force
USMC	- the U.S. Marine Corps
USCG	- the U.S. Coast Guard
USPHS	- the U.S. Public Health Service
NOAA	- the National Oceanic and Atmospheric Administration
DOD	Department of Defense
OTHER	- used when the individual is not affiliated with one of the Components listed above

Block 6. Pay Grade. Enter the correct employee pay grade from the valid abbreviations listed in the left column, below. (Use no more than four characters.)

GS01-GS15	Federal employees with General Schedule pay grades
SES	Senior Executive Service Personnel
EXEC	Executive Level Personnel
NF1-NF6	Federal employees with Nonappropriated Fund pay grades
GSE01-GSE15	General Schedule Equivalent to be assigned to contractor personnel
OTHER	Other (non-Uniformed Service) pay grades not defined above
N/A	Not applicable. Use this code with the Block 4 status codes

Block 7. GEN CAT (Geneva Convention Category). Enter the employee's appropriate Geneva Convention Category from the valid abbreviations listed in the left column, below. That block is automatically generated for online systems. (Use no more than three characters.)

- I Category I (GS-1 through GS-4, WG-1 through WG-8, WP-4 through WP-10, NF-1 and NF-2).
- II Category II (GS-5 and GS-6, WS-1 through WS-7, WL-1 through WL-5, WG-9 through WG-11, WP-11 through WP-16, and NF-3).
- III Category III (GS-7 through GS-11; WS-8 through WS-13, WL-6 through WL-14, WG-12 through WG-15, WP-17, 18, and Production Support Equivalents, NF-4).

- IV Category IV (GS-12 through GS-15, Ships Pilots, WS-14 through WS-19, WL-15, and Production Support Equivalents, NF-5).
- V Category V (SES and EXEC, NF-6).
- N/A Not applicable (nonprotected personnel)

Block 8. Citizenship. Enter the employee's appropriate country of citizenship.

Afghanistan	AF	Albania	AL
Algeria	AG	America Samoa	AQ
Andorra	AN	Angola	AO
Anguilla	AV	Antarctica	AY
Antigua and Barbuda	AC	Argentina	AR
Armenia	AM	Aruba	AA
Ashmore and Cartier Islands	AT	Australia	AS
Austria	AU	Azerbaijan	AJ
Bahamas, The	BF	Bahrain	BA
Baker Island	FQ	Bangladesh	BG
Barbados	BB	Bassas Da India	BS
Belarus	BO	Belgium	BE
Belize	BH	Benin	BN
Bermuda	BD	Bhutan	BT
Bolivia	BL	Bosnia and Herzegovina	BO
Botswana	BC	Bouvet Island	BV
Brazil	BR		
British Indian Ocean Territory	IO		
British Virgin Islands	VI	Brunei	BX
Bulgaria	BU	Burkina Faso	UV
Burma	BM	Burundi	BY
Cambodia	CB	Cameroon	CM
Canada	CA	Cape Verde	CV
Cayman Islands		Central African Republic	CJ
Chad	CT	Chad	CD
Chile	CI	China	CH
Christmas Island	KT	Clipperton Islands	IP
Cocos (Keeling) Islands	CK	Colombia	CO
Comoros	CN	Cook Islands	CW
Coral Sea Islands	CR	Costa Rica	CS
Cote D'Ivoire	IV	Croatia	HR
Cuba	CU	Cyprus	CY
Czech Republic	EZ	Denmark	DA
Djibouti	DJ	Dominica	DO

Dominican Republic	DR	Ecuador	EC
Egypt	EG	El Salvador	ES
Equatorial Guinea	EK	Eritrea	ER
Estonia	EN	Ethiopia	ET
Europa Island	EU	Falkland Islands	
Faroe Islands	FO	(Islas Malvinas)	FK
Fiji	FJ	Federated States	
Finland	FI	of Micronesia	FM
France	FR	French Guiana	FG
French Polynesia	FP	French Southern and	
Gabon	GB	Antarctic Land s	FS
Gambia, The	GA	Gaza Strip	GZ
Georgia	GG	Germany	GM
Ghana	GH	Gibraltar	GI
Glorioiso Islands	GO	Greece	GR
Greenland	GL	Grenada	GJ
Guadeloupe	GP	Guam	GQ
Guatemala	GT	Guernsey	GK
Guinea	GV	Guinea-Bissau	PU
Guyana	GY	Haiti	HA
Heard Island and			
McDonald Islands	HM	Honduras	HO
Hong Kong	HK	Howland Island	HQ
Hungary	HU	Iceland	IC
India	IN	Indonesia	ID
Iran	IR	Iraq	IZ
Ireland	EI	Israel	IS
Italy	IT	Ivory Coast	IV
Jamaica	JM	Jan Mayen	JN
Japan	JA	Jarvis Island	DQ
Jersey	JE	Johnston Atoll	JQ
Jordan	JO	Juan De Nova Island	JU
Kazakhstan	KZ	Kenya	KE
Kingman Reef	KQ	Kiribati	KR
Korea, Democratic			
Peoples Republic	KN	Korea, Republic of	KS
Kuwait	KU	Kyrgyzstan	KG
Laos	LA	Latvia	LG
Lebanon	LE	Lesotho	LT
Liberia	LI	Libya	LY
Liechtenstein	LS	Lithuania	LH
Luxembourg	LU	Macau	MC
Macedonia	MK	Madagascar	MA
Malawi	MI	Malaysia	MY
Maldives	MV	Mali	ML
Malta	MT	Man, Isle of	IM

Marshall Islands	RM	Martinique	MB
Mauritania	MR	Mauritius	MP
Mayotte	MF	Mexico	MX
Midway Islands	MQ	Moldova	MD
Monaco	MN	Mongolia	MG
Montenegro	MW	Montserrat	MH
Morocco	MO	Mozambique	MZ
Namibia	WA	Nauru	NR
Navassa Island	BQ	Nepal	NP
Netherlands	NL	Netherlands Antilles	NA
New Caledonia	NC	New Zealand	NZ
Nicaragua	NU	Niger	NG
Nigeria	NI	Niue	NE
Norfolk Island	NF	Northern Mariana	
Norway	NO	Islands	CQ
Oman	MU	Pakistan	PK
Palmyra Atoll	LQ	Panama	PM
Papua New Guinea	PP	Paracel Islands	PF
Paraguay	PA	Peru	PE
Philippines	RP	Pitcairn Islands	PC
Poland	PL	Portugal	PO
Puerto Rico	RQ	Qatar	QA
Reunion	RE	Romania	RO
Russia	RS	Rwanda	RW
St. Kitts and Nevis	SC	St. Helena	SH
St. Lucia	ST	St. Pierre and	
		Miquelon	SB
St. Vincent and		San Marino	SM
the Grenadines	VC		
Sao Tome and		Saudi Arabia	SA
Principe	TP	Serbia	SR
Senegal	SG	Sierra Leone	SL
Seychelles	SE	Slovakia	LO
Singapore	SN	Solomon Islands	BP
Slovenia	SI	South Africa	SF
Somalia	SO		
South Georgia and		Spain	SP
the South		Sri Lanka	CE
Sandwich Islands	SX	Surinam	NS
Spratly Islands	PG	Swaziland	WZ
Sudan	SU	Switzerland	SZ
Svalbard	SV	Taiwan	TW
Sweden	SW	Tanzania	TZ
Syria	SY	Togo	TO
Tajikistan	TI		
Thailand	TH		

Tokelau	TL	Tonga	TN
Trinidad and Tobago	TD	Tromelin Island	TE
Trust Territory of the Pacific Islands (Palau)	PS	Tunisia	TS
Turkey	TU	Turkmenistan	TX
Turks and Caicos Islands	TK	Tuvalu	TV
Uganda	UG	Ukraine	UP
United Arab Emirates	TC	United Kingdom	UK
United States	US	Uruguay	UY
Uzbekistan	UZ	Vanuatu	NH
Vatican City	VT	Venezuela	VE
Vietnam	VM	Virgin Islands	VQ
Wake Island	WQ	Wallis and Futuna	WF
West Bank	WE	Western Sahara	WI
Western Samoa	WS	Yemen (Aden)	YM
Zambia	ZA	Zimbabwe	ZI

Block 9. Date of Birth. Enter the employee's date of birth in four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD). Date of birth must also be entered, when using "U" code (block 12.) for off-line entry. (Use nine characters.)

Block 10. Place of Birth. Enter the employee's place of birth (City, State, and Country, if outside United States). Use State abbreviations provided below. If place of birth is a foreign country, use abbreviation from block 8.

Alabama	AL	Pacific	AP
Alaska	AK	American Samoa	AS
Arizona	AZ	Arkansas	AR
California	CA	Colorado	CO
Connecticut	CT	Delaware	DE
District of Columbia	DC	Florida	FL
Georgia	GA	Guam	GU
Hawaii	HI	Idaho	ID
Illinois	IL	Indiana	IN
Iowa	IA	Kansas	KS
Kentucky	KY	Louisiana	LA
Maine	ME	Maryland	MD
Massachusetts	MA	Michigan	MI
Minnesota	MN	Mississippi	MS
Missouri	MO	Montana	MT
Nebraska	NE	Nevada	NV
New Hampshire	NH	New Jersey	NJ
New Mexico	NM	New York	NY

North Carolina	NC	North Dakota	ND
Ohio	OH	Oklahoma	OK
Oregon	OR	Pennsylvania	PA
Puerto Rico	PR	Rhode Island	RI
South and Central America	AA	South Carolina	SC
South Dakota	SD	Tennessee	TN
Federated States of Marshall Islands,			
Palau	TT	Texas	TX
Utah	UT	Vermont	VT
Virginia	VA	Virgin Islands	VI
Washington	WA	West Virginia	WV
Wisconsin	WI	Wyoming	WY

Block 11. Last Update. Leave blank, no action required. This date is generated automatically by the DEERS and indicates the date of the last online transaction or DD Form 1172-2 submitted for that employee.

Block 12. V/I (Verify and/or Issue). Enter the correct action abbreviation to show the reason that the DD Form 1172-2 is being prepared. Select from the valid values listed in the left column, below. (Use one character.)

- A - To indicate the addition of a new record on the DEERS.
- C - To indicate a change or update transaction, when an ID card shall not be issued.
- I* - To indicate the issue OR reissue of an ID card.
- U - To indicate an employee address update only.
- T - Terminate

* With initial enrollment and immediate issue of ID card, use "I".

Block 13. Current Residence Address. Enter the number and street of the employee's current residence address. (Use no more than 27 characters.)

Block 14. Supplemental Address Information. Enter supplemental address information, such as an apartment number. Do not enter a duty address in combination with a residence address. This field may be left blank. (Use no more than 20 characters.)

Block 15. City. Enter the employee's current city of residence. If the employee's address is an Army Post Office (APO) or a Fleet Post Office (FPO), enter the designation APO or FPO. (Use no more than 18 characters.)

Block 16. State. Enter the correct U.S. postal abbreviation for the State of the employee's residence from the valid abbreviations listed, below. If the employee's address is an APO or FPO, enter the correct APO or FPO State. If the employee lives outside of the 50 United States,

the District of Columbia, or one of the listed trust territories, enter a default value of “XX.” (Use two characters.)

Europe & Canada	AE	Alabama	AL
Pacific	AP	Alaska	AK
American Samoa	AS	Arizona	AZ
Arkansas	AR	California	CA
Colorado	CO	Connecticut	CT
Delaware	DE	District of Columbia	DC
Florida	FL	Georgia	GA
Guam	GU	Hawaii	HI
Idaho	ID	Illinois	IL
Indiana	IN	Iowa	IA
Kansas	KS	Kentucky	KY
Louisiana	LA	Maine	ME
Maryland	MD	Massachusetts	MA
Michigan	MI	Minnesota	MN
Mississippi	MS	Missouri	MO
Montana	MT	Nebraska	NE
Nevada	NV	New Hampshire	NH
New Jersey	NJ	New Mexico	NM
New York	NY	North Carolina	NC
North Dakota	ND	Ohio	OH
Oklahoma	OK	Oregon	OR
Pennsylvania	PA	Puerto Rico	PR
Rhode Island	RI		
South and Central	AA		
America		South Carolina	SC
South Dakota	SD	Tennessee	TN
Federated States			
of Marshall Islands,			
Palau	TT	Texas	TX
Utah	UT	Vermont	VT
Virginia	VA	Virgin Islands	VI
Washington	WA	West Virginia	WV
Wisconsin	WI	Wyoming	WY

Block 17. ZIP Code. Enter the correct nine-digit ZIP Code of the employee’s current residence address in the following format: “123456789.” If the last four digits are unknown, enter four zeros (0000); e.g., “123450000.” If the employee does not reside in one of the 50 United States, the District of Columbia, or one of the listed trust territories, enter the applicable foreign ZIP Code, or APO or FPO number. If ZIP Code is unknown, leave blank. (Use no more than nine characters.)

Block 18. Country. Enter the employee's correct country of residence from the valid abbreviations listed in the instructions for Block 8. If the employee's address is an APO or FPO, the country must be "US". If country is unknown, leave blank. (Use two characters.)

Block 19. Home E-mail Address. Enter the employee's home e-mail address, if applicable. If the employee does not have an email account at home, leave this block blank.

Block 20. City of Duty Location. Enter the city of the employee's duty location.

Block 21. State of Duty Location. Enter the correct U.S. postal abbreviation for the State of the employee's duty location from the valid abbreviations listed in the instructions for Block 16. If the employee's address is an APO or FPO, enter the correct APO or FPO State. If the employee works outside of the 50 United States, the District of Columbia, or one of the listed trust territories, enter a default value of "XX." (Use two characters.)

Block 22. Country of Duty Location. Enter the employee's correct country of duty location from the valid abbreviations listed in the instructions for Block 8. If country is not listed, leave blank. (Use two characters.)

Block 23. Office E-mail Address. Enter the employee's office e-mail address as applicable. If the employee does not have an e-mail account, leave this block blank.

Block 24. Sponsoring Office Name. Enter the name of the organization the employee works for or is assigned to for contract purposes.

Block 25. Contract Number. Contract number under which contractor employee is providing support to the Department of Defense.

Block 26. Sponsoring Office Address. Enter the number and street, city, state, zip code, and country code (see Block 8 for country codes) of the employee's sponsoring office address.

Block 27. Sponsoring Office Telephone Number. Enter the employee's sponsoring office telephone number beginning with the area code. Do not use punctuation to separate area code, prefix, and basic number. (Use no more than 14 characters.)

Block 28. Supplemental Address Information. Enter supplemental address information, such as suite number, room number, stop number, and installation name. This field may be left blank.

Block 29. Overseas Assignment. Enter Y (yes) or N (no) as applicable, and the employee's country of assignment from the valid list of abbreviations in the instructions for Block 8. If country is not listed, leave blank.

Block 30. Overseas Assignment Begin Date. Enter the appropriate employee's effective begin date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) for their overseas assignment. Obtain this information from the employee's personnel documents authorizing their employment overseas.

Block 31. Overseas Assignment End Date. Enter the appropriate employee's effective end date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) of their overseas assignment. The period of employment may be obtained from the employee's orders authorizing their employment overseas.

Block 32. Type Of Card Issued. If the transaction being performed results in issue or reissue of the employee's Common Access Card, enter the appropriate abbreviation from the left column, below, to indicate which Form was issued to the sponsor.

CIV GC - United States DoD/Uniformed Services Geneva Conventions Identification Card for Civilians Accompanying the Armed Forces.

PRIV - United States DoD/Uniformed Services Identification and Privilege Card

CIV - United States DoD/Uniformed Services Identification Card

Block 33. Elig St/Eff Date. (Eligibility Start Date and/or Effective Date) Enter the date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) the employee's qualifying status began.

Block 34. Card Expiration Date. Enter the appropriate employee effective end date, not to exceed three years. Use four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) for the Common Access Card.

(Note: CACs will be issued for a period of three years, or the individual's term of service, employment or association with the DoD, whichever is earlier. For contractor employees this will normally be the end of the current fiscal year or one year (date of annual contract renewal option.)

Block 35. Supplemental Assignment Information. Enter as applicable any additional assignment information that may be used to identify the organization and location of the employee's assignment.

SECTION II - EMPLOYEE DECLARATION AND REMARKS

Block 36. Remarks. Enter the method of verification and further explanation of qualifying status, such as SF 52, or Contract Number, hiring agency, and period of contract. Indicate other appropriate comments, such as particular work assignment. (That block may contain up to five typed lines of information.)

Block 37. Signature. When the DD Form 1172-2 is not signed in the presence of the verifying official, the signature must be notarized. The notary seal and signature should be placed in the right margin of Block 36., above. Block must contain the employee's signature, with the following exception: (Signature is required.)

When the DD Form 1172-2 is prepared for terminating eligibility and the verifying official has viewed the appropriate documentation, the verifying official may sign.

Block 38. Date Signed (YYYYMMDD). Enter the date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) that block 37. was signed on the DD Form 1172-2.

SECTION III – AUTHORIZED/VERIFIED BY

Officials designated to authorize or verify the DD Form 1172-2 are responsible for the accuracy of the data on the form and must substantiate the data through appropriate documentation, e.g., birth certificates or passports establishing citizenship.

Block 39. Type Name (Last, First, Middle). Enter the information pertaining to the authorizing or verifying official. (Use no more than 51 characters.)

Block 40. SSN. Enter the Social Security Number of the authorizing official.

Block 41. Unit/Organization Name. Enter the unit and/or command name for the verifying official. (Use no more than 26 characters.)

Block 42. Title. Enter the authorizing/verifying official's title. (Use no more than 24 characters.)

Block 43. Pay Grade. Enter the pay grade of the authorizing/verifying official. (Use no more than four characters.)

Block 44. Duty Phone Number. Enter the authorizing/verifying official's duty telephone number. (Use no more than 14 characters.)

Block 45. Unit and/or Organization Address (Street, City, State, and ZIP Code). Enter the mailing address for the verifying official. (Use no more than 28 characters.)

Block 46. Signature. The authorizing/verifying official must sign in that block. (That block must contain the verifying official's signature.)

Block 47. Date Verified (YYYYMMDD). Enter the date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) of verification. (Use nine characters.)

SECTION IV - ISSUED BY

Blocks 48. through 56. Enter in the same manner as the verifying official, as prescribed in section III, above.

SECTION V - RECIPIENT'S ACKNOWLEDGMENT

Block 57. Recipient's Signature. Recipient must sign in that block. If the recipient is incapable of signing, the condition must be indicated in that block.

Block 58. Date Signed (YYYYMMDD). Enter the date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) of recipient's acknowledgment. (Use nine characters.)

MARK HERE FOR CIVILIAN OR CONTRACTOR PRE-ELIGIBILITY →		APPLICATION FOR DEPARTMENT OF DEFENSE COMMON ACCESS CARD DEERS ENROLLMENT				Form Approved OMB No. 0704-0415 Expires Mar 31, 2004			
SECTION I EMPLOYEE INFORMATION	1. NAME (Last, First, Middle)				2. SEX	3. SSN		4. STATUS	5. ORGANIZATION
	6. PAY GRADE		7. GEN. CAT	8. CITIZENSHIP	9. DATE OF BIRTH (YYYYMMDD)		10. PLACE OF BIRTH		11. LAST UPDATE (YYYYMMDD)
									12. V/I
	13. CURRENT RESIDENCE ADDRESS					14. SUPPLEMENTAL ADDRESS INFORMATION			
	15. CITY			16. STATE	17. ZIP CODE		18. COUNTRY		19. HOME E-MAIL ADDRESS
	20. CITY OF DUTY LOCATION			21. STATE OF DUTY LOCATION		22. COUNTRY OF DUTY LOCATION		23. OFFICE E-MAIL ADDRESS	
	24. SPONSORING OFFICE NAME							25. CONTRACT NUMBER	
	26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)							27. SPONSORING OFFICE TELEPHONE NUMBER	
	28. SUPPLEMENTAL ADDRESS INFORMATION							29. OVERSEAS ASSIGNMENT (Country)	
	30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)			31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)			32. TYPE OF CARD ISSUED		
33. ELIG ST/EFF DATE (YYYYMMDD)			34. CARD EXPIRATION DATE (YYYYMMDD)			35. SUPPLEMENTAL ASSIGNMENT INFORMATION			
SECTION II EMPLOYEE DECLARATION AND REMARKS	36. REMARKS (Cite legal documentation, as applicable.)								NOTARY SIGNATURE AND SEAL
	I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the verifying official, the signature must be notarized.)								
	37. SIGNATURE							38. DATE SIGNED (YYYYMMDD)	
SECTION III AUTHORIZED/ VERIFIED BY	39. TYPED NAME (Last, First, Middle)				40. SSN		41. UNIT/ORGANIZATION NAME		
	42. TITLE		43. PAY GRADE		44. DUTY PHONE NO.		45. UNIT/ORGANIZATION ADDRESS (Street, City, State, ZIP Code)		
	46. SIGNATURE				47. DATE VERIFIED (YYYYMMDD)				
SECTION IV ISSUED BY	48. TYPED NAME (Last, First, Middle)				49. PAY GRADE		50. UNIT/COMMAND NAME		
	51. TITLE		52. UIC		53. DUTY PHONE NO.		54. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)		
	55. SIGNATURE				56. DATE ISSUED (YYYYMMDD)				
SECTION V RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED								
	57. SIGNATURE							58. DATE ISSUED (YYYYMMDD)	

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0415), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS.

RETURN COMPLETED FORM TO A REAL-TIME AUTOMATED PERSONNEL IDENTIFICATION SYSTEM WORK STATION.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; 10 U.S.C. Sections 1074(c)(1) and 1095(k)(2); 10 U.S.C. chapter 147; 50 U.S.C. chapter 23; E.O. 9397; E.O. 10450, as amended.

PRINCIPAL PURPOSE(S): To apply for the Common Access Card and/or DEERS Enrollment; control access to and movement in or on DoD installations, buildings, or facilities; regulate access to DoD computer systems and networks; and verify eligibility, if authorized, for DoD benefits or privileges.

ROUTINE USE(S): To Federal and State agencies and private entities, as necessary, on matters relating to utilization review, professional quality assurance, program integrity, civil and criminal litigation, and access to Federal government facilities, computer systems, networks, and controlled areas.

DISCLOSURE: Voluntary; however, failure to provide information may result in denial of a Common Access Card, non-enrollment in the Defense Enrollment Eligibility Reporting System, refusal to grant access to DoD installations, buildings, facilities, computer systems and networks, and denial of DoD benefits and privileges if otherwise authorized. (For contractor personnel only: Failure to provide a social security number will not result in denial of card, enrollment in DEERS, access to facilities or networks, or if eligible for, receipt of DoD benefits and privileges other than non-emergency health care services.)